

FILED FEB 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42772

BIRTH NO. 1		REG. DIST. NO. 58		PRIMARY REG. DIST. NO. 4087		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Carter				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY Carter			
b. CITY OR TOWN Van Buren, Mo		c. LENGTH OF STAY (In this place) C. J. Life		c. CITY OR TOWN Van Buren, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Van Buren Mo.				d. STREET ADDRESS (If rural, give location) Van Buren, Mo.			
3. NAME OF DECEASED (Type or Print) Lulu		a. (First)		b. (Middle) Dunigan		c. (Last)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 7-1-1886	
9. AGE (In years last birthday) 72		10. MONTHS 6		11. DAYS 22		12. IF UNDER 12 HRS. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper				10b. KIND OF BUSINESS OR INDUSTRY Housekeeper			
11. BIRTHPLACE (State or foreign country) Kentucky				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. John Horneß Van Buren, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure ANTECEDENT CAUSES incident to general debility— <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 19a. DATE OF OPERATION				INTERVAL BETWEEN ONSET AND DEATH	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-9 , 19 49 to 1-23 , 19 49 that I last saw the deceased alive on 1-22 , 19 49 , and that death occurred at m. , from the causes and on the date stated above.							
23a. SIGNATURE J. H. Cotton, M.D.		(Degree or title)		23b. ADDRESS Van Buren, Mo		23c. DATE SIGNED 1-29-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-25-1949		24c. NAME OF CEMETERY OR CREMATORY Van Buren Mo.		24d. LOCATION (City, town, or county). (State)	
DATE REC'D BY LOCAL REG. Feb. 19-49		REGISTRAR'S SIGNATURE Mrs. Ota. Henson		50		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-21-49
District Health Officer No. 5,
District File Number 24913
Date Filed 2-23-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Russell J. Vaughan, Student Embalmer No. 233
working under my personal supervision.

Signed Russell J. Vaughan
Student Embalmer

Signed Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Opika Bluff, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.